87 Nepperhan Ave Room 212 Yonkers, NY 10701

CITY OF YONKERS PAWNBROKER LICENSE APPLICATION

Phone: 914-377-6808 Fax: 914-377-6811 Website:

www.YonkersNY.gov

INSTRUCTIONS FOR USING THIS FORM

Please Note:

If the required supporting documents are not submitted with the application, it will result in the delay and/or denial of the application.

Requirements:

- 1. Application and Police Department Affidavit must be signed by the applicant before a Notary Public.
- 2. Provide two (2) passport-sized photographs taken within (30) days of application date.
- 3. Must be fingerprinted by the Yonkers Police Department Special Investigations Unit at (914) 377-7340. See #7.
- 4. Return all required documents to the Office of Licensing/Consumer Protection, who shall forward application to the Commissioner of Police for approval prior to licensing.
- 5. Provide a copy of a valid NYS Driver's License issued by the Motor Vehicle Department. If you do not have NYS Driver's License, a copy of a Motor Vehicle issued NY State ID Card is required.
- 6. Submit a bond to the City of Yonkers, to be executed by the licensee and by a security company, authorized to transact business in the State of New York, in the penal sum of ten thousand dollars (\$10,000), to be approved on the faithful performance of the duties and obligations pertaining to the business so licensed.
- 7. A U.S. Postal Money Order in the amount of \$75.00, made out to City of Yonkers, (for the fingerprinting/ back ground process done by the Dept. of Criminal Justice Services), must be submitted with application.

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Pursuant to the provisions of the Code of the City of Yonkers, I the undersigned respectfully petition for the below-listed license in the City of Yonkers, and for that purpose, I hereby provide the following answers to the questions contained herein.

Name:	Social Security #:						
Address:							
City:		State:	Zip):			
Home Phone #:		Cell #:	E-m	nail:			
Date of Birth:	Sex:	Height:	Hair Color:	Eye Color:			
Are you a citizen of the Unite	d States?						
If not, please provide a copy of your INS A Card and #:							
Type of Business (if incorporation, please state):							
Address:		State:	Zip:				
Telephone:		E-mail:					
Have you ever been arrested	or convict	ed of a crime?					
If yes, explain:							
Name of premises to be licensed as a pawnbroker business:							
Address:Telephone: Is property owned or leased by applicant?							
If leased, give names and addresses of owners:							
Has applicant ever had a pre				cense:			
Has applicant ever had a license denied or revoked?							
If yes, provide explanation:							

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I, the foregoing application are true thirty (30) days of the date of this	, being duly sworn, deposes and says that all of the answers in , and that the photographs attached hereto were taken within application.
Signature/Date:	Print name:
Notary Public	
FOR POLICE DEPARTMENT US	<u>SE</u>
A search of the files in our Bureau Subject's application is forwarded	u of Criminal Identification was negative relative to subject. I herewith:
Police Investigation Report estab found that should prohibit the gra	lishes that at the time of the background check, nothing was nting of a license.
Case number	
Signature of Police Commissione	r: Date:



City of Yonkers POLICE DEPARTMENT

104 South Broadway Yonkers, New York 10701 377-7235

STATE OF NEW YOR	RK)			
COUNTY OF WESTC	HESTER)	SS:		
CITY OF YONKERS)			
Ι,				
Being duly sworn, depo	ose and state that l	I am	years of age, being born on the	
day of	, 20	_, in the C	ity/Town/Village of	
		, in the S	tate of	
I presently reside at				
in the City/Town/Villa	ge			
State of	, with my			
I am presently employe	ed as a		,	
by				
I do hereby sole	emnly swear unde	r oath that	I have never been arrested or convicted of	
any crime, anywhere or	r at any time.			
I make this state	ement with full kn	nowledge tl	hat if same is not the truth, I will be liable	
to the criminal charge of	of perjury for givin	ng false int	formation.	
		Signed	l:	
		Witne	ss:	
		Witne	ss:	
SUBSCRIBED AND S	SWORN TO BEF	ORE ME		
THISDAY	OF,	20		